

prana house



student registration form

first name _____ surname _____

address _____ suburb _____ postcode _____

telephone _____ mobile _____ email _____

dob _____ occupation _____

emergency contact _____ phone _____

yoga course/class (tick appropriate box)

<input type="checkbox"/> casual yoga class	<input type="checkbox"/> amrit yoga course
<input type="checkbox"/> intro beginners yoga course	<input type="checkbox"/> kids yoga course
<input type="checkbox"/> level 1 iyengar yoga course	<input type="checkbox"/> prenatal yoga
<input type="checkbox"/> level ½ iyengar yoga course	<input type="checkbox"/> tai chi /qi gong course

have you ever had any of the following? tick box

<input type="checkbox"/> asthma	<input type="checkbox"/> low blood pressure	<input type="checkbox"/> depression
<input type="checkbox"/> heart condition	<input type="checkbox"/> kidney disease	<input type="checkbox"/> migraine
<input type="checkbox"/> diabetes	<input type="checkbox"/> epilepsy	<input type="checkbox"/> arthritis
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> cancer	<input type="checkbox"/> are you pregnant?

please list any injuries or other health issues (either recent or pre-existing) eg back, knee, neck, shoulder:

do you have any medical conditions? Please tick box YES NO

do you have any yoga experience? how much and what style?

what are your intentions for the yoga practice?

how did you hear about prana house?

<input type="checkbox"/> flyer from letter box	<input type="checkbox"/> practitioner recommendation
<input type="checkbox"/> walking past	<input type="checkbox"/> yellow pages
<input type="checkbox"/> website	<input type="checkbox"/> findyoga.com.au
<input type="checkbox"/> word of mouth	<input type="checkbox"/> natural therapies pages
<input type="checkbox"/> advertisement	<input type="checkbox"/> other (please specify)

I have completed the above details to the best of my knowledge and understand that failure to make full disclosure may result in me being exposed to increased medical risk or injury. I understand that yoga is a physical activity and that I undertake yoga classes at my own risk. I also understand that if any other medical conditions arise in the future, I need to inform the yoga teacher.

signed _____ date _____

All information provided in this form will be kept confidential and only disclosed to third parties as required by law.

- Please tick if you do not wish to receive our monthly e-newsletter and occasional emails regarding special events at prana house